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Subject: NSD FOIA #19-222

From: Mallory, Arnetta (NSD) - To: peddington@cato.org - Cc: - Date: June 4, 2019 at 9:58 AM, Attachments: Cert od Identity.pdf

Patrick G. Eddington Cato Institute 1000 Massachusetts Ave, NW Washington, DC 20001

Re: FOIA/PA #19-222

Dear Mr. Eddington:

This is to acknowledge your email dated April 26, 2019 for information pertaining Amir Mohamed Meshal. Our FOIA office received your Freedom of Information Act request on April 26, 2019.

In order for us to fulfill this request we need you to certify your identity. Please complete the attached "Certification of Identity" form and return it to our office. Your request will be administratively closed until we receive the "Certification of Identity" form that is attached. However, this is not a denial of your request, upon receipt of the requested information; you will be advised as to the status of your request.

Please use the file number indicated above in all correspondence related to this request. If you have any questions concerning your request, please contact me on (202) 233-2639. Thank you for your continued patience.

Sincerely,

Arnetta Mallory
Government Information Specialist

Exhibit C

U.S. Department of Justice

Certification of Identity



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹			
Citizenship Status ²	Social	Security Number ³	
Current Address			
Date of Birth	Place	of Birth	·
I declare under penalty of perjury understand person named above, and I understand by a fine of not more than \$10,000 or under false pretenses is punishable un	I that any falsification of this states by imprisonment of not more than	ment is punishable under the pro in five years or both, and that red	ovisions of 18 U.S.C. Section 1001 questing or obtaining any record(s)
Signature ⁴	- Company of the Comp	Date	
OPTIONAL: Authorization to	o Release Information to A	nother Person	
This form is also to be completed by a	requester who is authorizing inform	nation relating to himself or hers	self to be released to another person.
Further, pursuant to 5 U.S.C. Section 55	52a(b), I authorize the U.S. Departn	nent of Justice to release any and	all information relating to me to:
	Print or Typ	e Name	

¹ Name of individual who is the subject of the record sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.